

# Inside OUT

**The Newsletter of the CDC/HRSA Corrections Demonstration Projects**

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San Francisco, CA

**CDC/HRSA  
HIV in Corrections  
Demonstration Project  
Grantee Meeting  
January 17-19, 2001**

The CDC/HRSA HIV in Corrections Demonstration Project had their 3<sup>rd</sup> Semi-Annual Grantee Meeting in San Francisco, CA January 17-19, 2001. Over 70 Grantees were in attendance, providing "much food for thought and many opportunities for an excellent change of ideas."

*Complete story on page 2*

## John Miles Retires from CDC

John Miles. The name holds such weight in the field of public health and corrections that I was surprised at our first meeting that he really wasn't seven feet tall and completely unapproachable! John's commitment and dedication to corrections is reknowned: his tireless championing, his addresses at conferences, his 'guest appearances' at meetings. We will all miss his input and experience when he retires from the CDC at the end of March 2001. His retirement announcement is bittersweet: We send him off with the best of luck, but selfishly we want him to stay. So long John, but not goodbye!

- Ellen Bentz

*National Minority AIDS Council*

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# CDC/HRSA Grantee Meeting

## UPDATE

On January 17, 2001, grantees from the seven states participating in the Demonstration Project converged upon San Francisco, California for the third CDC/HRSA HIV and Corrections Grantee Meeting. Over seventy people attended the meeting including technical assistance providers, evaluators, CDC project officers, special guests and staff from health departments, community organizations and corrections.

The purpose of the meeting was to inventory the accomplishments of the programs, present preliminary evaluation findings, initiate and support the continuation of the qualitative evaluation and to provide technical assistance. These objectives were addressed in a packed three-day agenda that started on day one with a site visit to the Tenderloin District to showcase Home Base's work (a first person account of the site visit on page 3).

The second day began with Dr. Ron Braithwaite, John Miles, Dr. Richard Moore and Michael Montgomery providing warm welcomes to all attendees. Judy Greenspan and Scott Cozza then gave overviews of their experiences working with incarcerated people with HIV/AIDS. Time was then devoted to Dr. Ted Hammett, who presented an update of evaluation activities and initial findings. Dr. Hammett focused on three process questions: is program implementation going as planned? Are services being delivered? And, what are the costs of delivering services?

After lunch, each of the seven states gave a brief presentation of the status of their projects. As every state has approached transitional planning, harm reduction and case management in different ways, the state summaries provided a variety of models for meeting the common objective of discharge planning and HIV testing and education for HIV positive/high risk negative individuals.

This forum allowed the audience to compare and contrast the various programs; of note was Illinois' *Policy and Procedures Manual*.

Day two wrapped up with the following breakout workgroup discussions: policy, jails, prisons, community based organizations and publications/dissemination. The workgroups, initially suggested by Dr. Moore to allow project participants to focus on task-specific issues, used this time to develop goals and objectives in hour-long brainstorming sessions. Updates from each group were then presented to the general audience.

The third day dawned with several participants jogging along the waterfront. This optional activity was followed by individual state consultations in which states met with evaluators for targeted discussion on evaluation issues. Dr. Alyssa Robillard then summarized the formative qualitative evaluation plans. This prompted some good discussion on the logistics of focus groups and interviews with clients and front line staff.

Technical Assistance providers Dr. James Vivian, SEATEC and NMAC gave activity overviews after lunch. Dr. Vivian presented initial findings from the Hampton County Correctional Center's initiative. SEATEC and NMAC, in addition to program activity updates, facilitated a panel presentation by the community-based representatives on *Challenges to Service Delivery from the CBO Perspective*. Once again, the diverse nature of the various organizations and their programs provided an interesting contrast and comparison between the sites.

The long day closed with a summary of data collection by Dr. Kimberly Jacob Arriola and closing remarks from Dr. Braithwaite. The meeting prompted much work for the upcoming year, specifically around the issues of qualitative evaluation, divergent concerns of programmatic and evaluation issues, publication plans and program expansion. In general, the three days provided much food for thought and many opportunities for an excellent exchange of ideas.

- Ellen Bentz

## CDC/HRSA Grantee Meeting Site Visit

 **January 17, 2001**

# Home Base

January 17, 2001 marked the date of the most recent CDC/HRSA HIV and Corrections Grantee Meeting in sunny San Francisco, California. The first day of the three-day meeting our group of approximately forty grantees enjoyed the temperate weather on a walking tour of San Francisco's Tenderloin District. The Tenderloin District was named for the policemen who used to be paid extra to work the area's streets (thus able to afford better cuts of meat). Street life abounds, with the district traditionally known as the place to go if you are seeking drugs, sex, or personal injury. Thanks to Continuum and Home Base, walking tour participants were privy to a different view of the Tenderloin, through the eyes of the case managers and the ex-offenders.

The focal point of the tour was a visit to Continuum's Home Base at 44 McAllister. Continuum serves low-income and homeless HIV/AIDS-infected individuals in San Francisco's Tenderloin District. It is the only free-standing adult day health care facility for people living with HIV/AIDS in the United States. As such, Continuum was the ideal entity to create Home Base.

Tour participants listened eagerly as the Home Base staff explained the organization's mission. Home Base provides "enhanced intervention services for HIV positive inmates for the San Francisco County Jail System including case management, transitional housing, substance abuse counseling, health education groups, money management and linkages to primary medical care." Further, the goal of the services that Home Base provides is to "improve the health status of individuals living with HIV/AIDS being released to the community from San Francisco County Jails." The target populations for Home Base's services are "men, women and transgendered individuals living with HIV/AIDS who are incarcerated in the San Francisco County Jails for

a period of no less than two weeks, who will be released back to the San Francisco community". Homebase is currently conducting a randomized control trial with 6 months of post-release follow-up to evaluate their program.

Home Base's crucial services for incarcerated and newly released individuals are provided by a team of skilled case managers. Included are:

- Substance use counseling
- Designing/ implementing a comprehensive plan of care
- Referring clients to appropriate services upon release
- Maintaining regular face-to-face contact with all clients
- Providing health education regarding self-care measures, harm reduction strategies, prevention of STDs, TB and opportunistic infections
- Assisting clients with skills building activities to include anger management, money management, cooking, crafts and job skills.

On our tour of Home Base, we were privileged to walk in the clients' steps as we viewed residents' private rooms, the community gathering place off the lobby, the well-organized kitchen and the roof top garden. Some of the feelings evoked on the tour of the residence were those of comfort, safety, life and community, a bright contrast to some of the offerings of the streets outside.

- Teresa Brown

*National Minority AIDS Council*

To find out more about

**Home Base and Continuum**

*please contact:*

Continuum

255 Golden Gate Avenue

San Francisco, CA 94102

Phone (415) 437-2900 Fax (415) 437-2550



**Rural Opportunities, Inc.**  
**Albion, NY**

**An Hour with Kenneth Siegel, Program Administrator**

It is difficult to imagine that anything of lasting value emerged from the Attica Prison riots of 1972, but Ken Siegel of Scottsville, New York, can be very convincing when talking about the positive results of that famous uprising. As a result of the riots, Ken and other volunteers developed a Cephass program that allowed volunteers and professionals on the “outside” to enter the prison and talk to inmates about their attitudes and choices, a program that is ongoing today. The experience and expertise Ken gained from working with that group, and from running a residential facility for released inmates, led to his appointment four years ago as Prison Programs Administrator for the N.Y. community based organization known as Rural Opportunities, Incorporated.

As the on site supervisor for this organization, Ken works with three staff people, all of whom are in the prison five days a week, eight hours a day. Together, the four implement the Rural Opportunities, Inc. programs at Albion Women’s Prison in upstate, Western N.Y. A medium security facility, Albion has 1360 female inmates. Eighty percent of the inmates are from New York City. Approximately 53% of the facility’s inmate population is African American, 31% Hispanic, and 12% white. The youngest woman is seventeen; the oldest is in her seventies.

Rural Opportunities, Inc., a C.B.O. that has been in existence for approximately 32 years, was selected to participate in the CDC/HRSA Corrections Demonstration Project in collaboration with the N.Y. Department of Corrections and the N.Y. Department of Health, AIDS Institute. The Rural Opportunities, Inc. program provides a highly effective model for both peer delivered prevention and treatment education programs and peer facilitated support groups. The funding from the

Corrections Demonstration Project enhanced the previous services offered by creating a full time position at Rural Opportunities for a person whose primary role would be to develop a support group program for the project. As a result, the new extension to the program, called Choices and Changes, provides three staff delivered support groups. Two of these support groups are for the general population, and one is for the peer educator staff. In addition, the extra funding allows for extensive outreach efforts within the facility, including AIDS Awareness Day activities, memorial services, and a newsletter.

With the support of the Women’s Prison Initiative (WPI), a part of the Criminal Justice Initiative in N.Y. State, Ken and his associates train female inmates at the Albion Correctional Facility as peer educators for REACH, a mandatory HIV/AIDS education program for all new inmates at the prison. As a result of the increased funding, they are now also able to train inmates to serve as facilitators for the peer support group programs. As part of the services offered to the inmates, the WPI staff provides confidential HIV antibody testing. The Discharge Planner with the program arranges transitional services for positive women returning to communities throughout New York State.

Inmates apply to participate in the peer education program through an interview process. All of those selected have a GED and some teacher’s aide training that they receive in a program at the facility. Those selected then receive technical training on HIV/AIDS using a curriculum developed by the AIDS Institute of New York, and additional training on how to facilitate a group. As the training progresses, new candidates “shadow” ongoing groups and participate in practicums in which they present a unit in front of other, more experienced, educators. At any one time, there may be as many as eight or nine active educators, with four in training. In addition, selected inmates are given other training to serve as support group facilitators.

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When asked what the biggest challenge is for him and his staff, Ken says: "Behavior change. People understand the education, the need to be safer in sexual practices; but, when it comes down to the moment, they compromise their situations without being safe." He goes on to say: "There are so many damaging experiences that the women have, such painful pasts relating to childhood sex abuse, rape, incest, and domestic violence. They are survivors. They use drugs, alcohol, violence, and sex as coping mechanisms. They have not had the opportunity to heal or to get counseling or to participate in recovery programs. The women aren't hard to reach, but we don't have the time, staff, or the resources to adequately help them."

Perhaps the most fulfilling part of the job for the Rural Opportunities, Inc. staff is the positive difference they know they are making. Says Ken: "I know the peer education is powerful because almost every woman who comes to be tested comes because of something she heard in the REACH program."

**Rural Opportunities, Inc. staff members:**

Joanna Alfonso Cooke, Discharge Planner  
Anita Harrington, Public Health Educator  
Jaime Rivera, Public Health Educator/Facilitator  
Tammy Freeberg, Director for Health and Safety Programs

***For more information, contact:***

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- Marjorie Dunne  
SEATEC

# SAVE THE DATE 2001

**March 15-18, 2001**

American Correctional Health  
Services Association  
Conference  
Atlanta, GA  
(636) 561-8857  
[www.corrections.com/achsa](http://www.corrections.com/achsa)

**March 18-21, 2001**

National Conference on  
Juvenile Justice  
(703) 549-9222

**May 5-8, 2001**

National Commission on  
Correctional Health Care  
Spring Clinical Update  
Las Vegas, NV  
(773) 880-1460  
[www.ncchc.org/conference.html](http://www.ncchc.org/conference.html)

**May 16, 2001**

New England  
Correctional Health Care  
Conference  
Sturbridge, MA  
(781) 890-3434  
[chcc@icgps.com](mailto:chcc@icgps.com)

**United States Conference on AIDS**  
***Abstract Deadline – April 2, 2001***

Refer all questions to  
Antonio Edwards at  
(202) 483-6622 x301 or  
[aedwards@nmac.org](mailto:aedwards@nmac.org)  
[www.nmac.org/usca2001/abstract/  
onlineAbstractForm.htm](http://www.nmac.org/usca2001/abstract/onlineAbstractForm.htm)



# State Report: New Jersey

By: Linda Levinson, SEATEC

The CDC/HRSA Project in New Jersey is growing and expanding and meeting their goals. New Jersey had originally designated five correctional facilities to participate in their demonstration project and has now added two more facilities to the original five. The project links one C.B.O. to each of the seven correctional facilities and that C.B.O. provides case management for the inmates of their assigned correctional facility. Each community-based organization provides both group and individual services.

## Individual and Group Services include:

- ✦ HIV/AIDS presentations at inmate orientation
- ✦ Peer counselor training
- ✦ Risk-reduction group counseling
- ✦ Peer inmate education sessions
- ✦ HIV counseling and disease screening
- ✦ Case Management for HIV + and high-risk client
- ✦ Discharge planning and post-release follow up

## Community-Based Organizations and their affiliate institutions include:

- ✦ Visiting Nurse Association of New Jersey—Monmouth County Jail (adult males and females)
- ✦ Hyacinth Aids Foundation—Edna Mahan State Prison (adult females)
- ✦ University of Medicine and Dentistry of New Jersey—New Jersey Training School For Boys (adolescent males)
- ✦ Aids Coalition of Southern New Jersey—Riverfront State Prison (adult males)
- ✦ New Jersey Association on Corrections—Talbot Hall (adult males)
- ✦ South Jersey Aids Alliance—South Woods State Prison
- ✦ New Jersey Aids Alliance—Northern State Prison (adult males)

## All CBO work intensively on project improvement goals that include:

- ✦ Identification, access to care, and treatment of infected persons
- ✦ Identification and prevention services for high risk prisoners
- ✦ Transition to community-based prevention services
- ✦ Prevention of perinatal HIV transmission
- ✦ Community capacity for treatment, case management, and risk reduction

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## RESOURCES



**This month's featured resource:** A Guide on the Inside: Women Talking to Women about HIV

This 34 page booklet was written by incarcerated women at MCI-Framingham in collaboration with the AIDS Action Committee of Massachusetts and Great Brook Valley Health Center. The resulting booklet is a soup-to-nuts summary of HIV/AIDS basics, disclosure issues, treatment decisions, side effects, quotes and tips all tailored for incarcerated women with and at risk for HIV/AIDS. A Guide on the Inside: Women Talking to Women about HIV is a fantastic resource for clients, case managers and educators. To obtain your **FREE** copy of this lavender booklet, contact:

**The HIV Health Library  
(617) 450-1432**

Should you have any questions, wish to submit an article or obtain additional copies of *Inside OUT*, please contact Teresa Brown at [tbrown@nmac.org](mailto:tbrown@nmac.org) or 202-483-6622 x314.



# State Report: New Jersey

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## CHALLENGES AND OPPORTUNITIES

1. The N. J. Project strives to provide continuity of care inside their corrections facilities even though the healthcare is provided by a managed, for-profit organizations. As more inmates are being tested and identified as HIV positive, the cost of ongoing care and medication therapy rises. The hesitation to provide continuity of care as a result of these growing costs will likely escalate with the additional costs which may be incurred with Hepatitis C screening and treatment. Estimated costs at 15,000 dollars a year per inmate to treat Hepatitis C will intensify concerns about the cost of quality care when using for-profit providers.
2. Utilization of private medical system employees instead of state employees requires maneuvering around multiple layers of resistance. Even though excellent relationships exist between the Project coordinators and the Department of Corrections, issues related to finding appropriate space for programs, time for programs, and security clearance have been a challenge.
3. A third and very significant challenge is that of future funding. As the project progresses and goals are met, the issue of program continuation and expansion is increasingly relevant.
4. Although the level of care inmates receive inside their correctional facilities is critical, it is just as critical that they receive on-going, state of the art care once they are released to their respective communities. Once released, clients are faced with an array of challenges such as housing, childcare, and employment that directly compete with the issues surrounding getting care for their HIV/AIDS diagnosis. The challenge of the Project is to recognize and develop holistic strategies for helping the released inmates to address all their needs. The CBOs that contract with the New Jersey Project must develop and maintain strong linkages with a variety of statewide agencies that are capable of this unique type of intensive case management.
5. The issue of follow-up is also a challenging but critical aspect of success for the N.J. Project. Strategies, such as directly observed therapy, are difficult to implement after release. Therefore, follow-up, re-evaluation, and the consistent revisiting of each client's goals are a high priority. The contracted CBOs are mandated to assure that care is not only assessed frequently, but also adjusted as needed to meet the client's ongoing needs.

According to Larry Ganges, Director of Counseling and Testing Services, New Jersey Department of Health and Human Services, Division of AIDS Prevention and Control, much of the success of this program can be attributed to the excellent working relationship with the Department of Corrections and Tom Farrell, Supervisor of Health Services, New Jersey Department of Corrections. This relationship is responsible for breaking down many of the barriers that exist in correctional institutions and has fostered an element of trust and respect.

Success for this project is also related to strong links with statewide HIV services and use of these links to provide timely services for inmates. Larry Ganges has also spent much effort in building bridges with multiple organizations. For example, the project receives 1.4 million dollars in Ryan White funding. It is these links and collaborative working relationships that have enhanced and strengthened this program.

# Professional Corner

## Professional Corner

***Picture this: a sign hanging in the window of a building in a back street of San Francisco:***

**Reggie Caldwell, D.D.S.**

Hard to imagine? Gratefully, so it was for Reggie Caldwell when he changed his original career choice from dentistry to social work.

Reggie's current dual roles as Social Worker Consultant for the State of California Department of Health Services Office of AIDS, and his position as California's Project Coordinator for the CDC/HRSA Corrections Demonstration Project, allow full expression for his extraordinary commitment to working with underserved and underrepresented populations.

Born in East St. Louis, Illinois, into an Air Force family, Reggie moved to Sacramento, California, at the age of five. He grew up in California, actively camping with the Boy Scouts and, as a teenager, working as a camp counselor. At the University of the Pacific, Stockton, California, he majored in Russian History and Biology. At first he wanted to be a dentist ("mostly for the money, and because I was interested in biology"), and later thought about becoming a teacher. Undecided about what career direction to take after graduation, he went to live in Hawaii for a few years where he worked ("mostly at survival jobs"), reflected, and enjoyed the beach. He realized during that time that his calling was to be a counselor, and returned to the mainland to pursue a Master's in Social Work at Cal State, Sacramento, specializing in counseling children and families.

After completing his M.S.W., Reggie moved to Denver, Colorado, and worked as a volunteer for an AIDS service organization. Later, he took a position as a Social Worker at Denver General Hospital in the Infectious Disease Clinic. His work with HIV infected gay men led to his decision to "become an advocate for people who couldn't speak for themselves." After seven years, he and his partner, Jeff, moved back to California to be closer to their families, and to continue his advocacy work. The focus of his advocacy now is on African American and Latino gay men because "that is where the epidemic affects people most dramatically—they need services that are more culturally sensitive."

When asked about his first experience with corrections, Reggie talks of a time early in his career as a social worker when he worked with a child whose father was incarcerated. He said that interest "smoldered" until he found his way into his current position. Reggie states that the most important thing he realizes from his work at present is that "we compartmentalize inmates; we think of them as being either incarcerated or free. We don't look at them as flowing in and out of our society, and as a result, we don't think of their needs." He described those needs as being special because of the transition from a very structured environment to a life with limited structure. Says Reggie "They need structure, and more than that, they need community support."

And what does Reggie do when he is not at work? "I like to relax, do nothing...sit in the pool with a glass of chardonnay." When pressed further about his hobbies, Reggie admits that he loves to cook. His best meal? "Louisiana gumbo. I put a whole variety of things in it – but not okra." If asked, he promises to share the recipe.

Reggie says he likes to think of himself as a likeable person, a nice guy who likes life and doesn't take himself too seriously. Reggie's final comment: "Life's a banquet, and most poor suckers are starving. Judging from my weight, I am definitely partaking of that feast."

- Marjorie Dunne  
SEATEC